



## Cultivating compassion through analysis of online patient narratives

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# Cultivating Compassion through analysis of online patient narratives



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## BACKGROUND

**Compassion** is at the forefront of national and international healthcare policy, practice and educational debates as a result of a series of recent reports (Mid Staffordshire NHS Foundation Trust Inquiry, 2010, Mannion, 2014). Arguably, this emphasis on compassion is in juxtaposition to an increasingly complex technological healthcare system focused upon outcomes, efficiency, productivity and competence. Within this fast paced and time pressured environment **innovative strategies** are required to cultivate and sustain compassion among healthcare professionals.

**Understanding the person's experience of illness** and making an emotional connection are key processes in cultivating compassion (Dewar, 2013).

The **exponential growth in unsolicited patient narratives** has the potential to provide invaluable insight into what matters to patients and their experience of illness. For many patients these stories 'reclaim' their illnesses from the traditional biomedical model of disease and reveal otherwise hidden aspects of their experience. The content though freely accessible, is however, unedited and lacks safeguards in relation to the quality or accuracy of the information provided. Despite these concerns, **healthcare professionals** are now **challenged to pay attention** to these unsolicited patient stories and to consider how they can **inform and improve patient care**.

Compassion.... can only be achieved if those in the caring professions listen and learn from patient experiences, to connect with their humanity and individuality (Berwick, 2013)



#hello  
my name is...

## TEACHING AND LEARNING INTERVENTION

**Dr Kate Granger**, a doctor, but also a terminally ill cancer patient shared her experience of life and illness before her death in 2016. Kate was the founder of the **#hello my name is** campaign

The BSc Nursing degree programme at Queen's University, Belfast is delivered using a blended learning approach, lectures, tutorials, practicals, simulation and online resources. Year 2 students undertaking a 40 CAT module on care delivery were facilitated to analyse selected blog posts from Dr Kate Granger, in small tutorial groups (n=30 students).

*"Charlie. That was what we planned to call our first born in honour and remembrance of Chris's paternal Grandfather. But Charlie will always remain in our dreams and never become a reality. I will never have those precious new-born cuddles or experience the wonder of childbirth. I'm not bitter about this but I am sad; really sad. I can't change it. I can't erase that sorrow and have to carry the burden of it around everywhere I go. The cancer stole most of my fertility as it grew inside and destroyed my ovaries; the intensive chemotherapy finished off any hopes that we would ever have children"* drkategranger blog posted November 23<sup>rd</sup> 2014

## IMPACT AND STUDENT FEEDBACK

Patient experience became central to the care study discussion. Students identified the vulnerability and hidden suffering of the patient experience.

The online patient narratives facilitated in depth discussion of compassionate care.

Students and teaching staff reported increased awareness of the need to engage with patient online narratives.

## FUTURE RECOMMENDATIONS

**Digital technology** enables people to share their stories of illness and care. Online narratives provide the opportunity to bring the patient experience in to the classroom. Further evaluation of the effectiveness of this approach, as a teaching and learning strategy is recommended.

**ePatients** have an important contribution to make to healthcare education. Their stories should inform and be an integral part of nursing curricula.

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